

SECTION 9 - INFORMATION ABOUT YOUR DAILY ACTIVITIES, continued

9.B. (continued) Do you have difficulty doing any of the following? (Please explain any "Yes" answers.)

Concentrating

☐ No ☐ Yes

Remembering

☐ No ☐ Yes

Understanding/following directions

☐ No ☐ Yes

Completing tasks

☐ No ☐ Yes

Getting along with people

☐ No ☐ Yes

9.C. Do you use an assistive device (for example: eye glasses, hearing aids, braces, canes, crutch(es), walker, wheelchair)?

☐ NO

☐ YES (Please describe what kind, when and how you use it.)

9.D. Do you have hobbies or interests?

☐ NO

☐ YES (Please describe what they are and how much time you spend doing them.)

If you need more space, use SECTION 10 - REMARKS.